

STATE OF UTAH - DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NO.

1. PLACE OF DEATH a. COUNTY Wasatch		b. CITY, TOWN, OR LOCATION Heber City		c. LENGTH OF STAY IN 1b c. CITY, TOWN, OR LOCATION Heber City		d. NAME OF HOSPITAL OR INSTITUTION 260 E. 1 N. e. STREET ADDRESS 260 E. 1 N. f. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		g. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
2. USUAL RESIDENCE (Where deceased lived. If institution, record name before admission) a. STATE Utah b. COUNTY Wasatch		3. NAME OF DECEASED First Middle Last Emma Davis Jordan		4. DATE Month Day Year Nov. 15, 1965		9. AGE (In years last birthday) 89		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/>		8. DATE OF BIRTH May 7, 1876		11. BIRTHPLACE (State or foreign country) Birkhorn, Wasatch, Utah	
13. FATHER'S NAME Housewife		14. MOTHER'S MAIDEN NAME Mary Goddard		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. George Borian Jordan		17. INFORMANT Mr. J. W. Jordan, Heber City, Utah	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cardiac Decompensation which gave rise to above cause (a), defeating the under- lying cause last. DUE TO (b) Arterio sclerotic Heart Disease 5 yrs. DUE TO (c) none		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none		20c. CITY, TOWN, OR LOCATION COUNTY STATE		21. I attended the deceased from 1957 to 15 Nov. 1965 and last saw him alive on 15 Nov. 1965 on the date stated above; and to the best of my knowledge, from the cause stated.	
22a. SIGNATURE J. B. Borian Jordan M.D. 22b. ADDRESS Heber Utah 22c. DATE SIGNED 11-15-65		23a. BURNAL CREATION 23b. DATE Nov. 18, 1965 23c. NAME OF CEMETERY OR CREMATORY Heber City Cemetery 23d. LOCATION (City, town, or county) Heber City, Utah 24. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Opalin-Heber City		25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE		27. REGISTRAR'S NO. 377		28. REGISTRAR'S NO. 275	

This is a
Legal Record
and will be
Permanently
Filed

Write Plainly

Use Typewriter
or Unfading InkAll items to
be complete
and accuratePhysician
Must sign
PersonallySend original
Certificate
to local
Registrar
ImmediatelyPhysicians should
State Cause of Death
in plain termsFuneral
Director's No.

275

Publisher's No.

377

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